

SOUTH CAROLINA DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL
BUREAU OF RADIOLOGICAL HEALTH

INSTRUCTIONS FOR PREPARATION OF
APPLICATIONS FOR RADIOACTIVE MATERIAL LICENSE

General Information

An applicant for a "Radioactive Material License," or renewal of an existing license, should complete the application form in detail. Renewal applications should contain complete and up-to-date information concerning the applicant's current program. In submitting a renewal application, all items and subitems in the renewal application form must be completed entirely without references to previously submitted documents. If your application and procedures remain unchanged, it will be necessary to resubmit a complete copy of the previous application materials. The applicant should endeavor to cover his entire radioisotope program with one application. However, separate applications should be submitted for medical teletherapy and gamma irradiators. Supplemental sheets may be appended when necessary to provide complete information. Item 16 must be completed on all applications by persons of authority. Medical applications should be signed by the hospital administrator unless the application is for private practice, and then by the physician. Submission of an incomplete application will often result in a delay in issuance of the license because of the correspondence necessary to obtain information requested on the application.

NOTE: In addition to the application form, a licensing guide is provided which outlines the essential information that is to be submitted to support the license application.

One copy of the completed application form, supplemental sheets, and Supplement A - Human Use (if a medical application) should be sent to: South Carolina Department of Health and Environmental Control, Bureau of Radiological Health, 2600 Bull Street, Columbia, SC 29201.

Explanation of Application Form

Item No.

1. (a) The "Applicant" is the organization or person legally responsible for possession and use of the radioactive material specified in the application.
2. The "Department" is the department or similar sub-division where the radioactive material will be used.
3. Self-explanatory
4. The "Individual User" is the person experienced in the use and safe handling of radioisotopes. If the application is for "human use" the individual user must be a physician licensed by the State of South Carolina to dispense drugs in the practice of medicine and have extensive experience for each proposed clinical use.
5. Self-explanatory.
6. (a) List by name each radioisotope desired, such as "Carbon-14", "Cobalt-60", etc.
(b) List the chemical and/or physical form for each radioisotope and the quantity of each which the applicant desires to possess at any one time. If more than one chemical or physical form of a particular radioisotope is desired, a separate possession limit should be stated for each form. For example, an applicant desiring to use two chemical forms of Iodine-131 must specify both forms and a possession limit for each form.

Iodine-131	Iodine	10 millicuries
Iodine-131	Iodinated Human Serum Albumin	1 millicurie

If the radioactive material is to be obtained as a sealed source(s), specify the manufacturer, model no. and amount of activity in each sealed source.

Example: Cobalt-60; 3 Sealed sources, 100 millicuries each, (Iso Corp. Model Z-54) 300 millicuries total.

7. State the use of each radioactive material and chemical form specified in Items 6a and 6b.
- 8-9. These items must be completed for each individual named in Item 4. If more than one individual is listed in Item 4, clearly key the name of each individual to his/her experience. If the radioisotope is for "human use," do not complete this item; complete Supplement A - Human Use.
- 10-16. Self-explanatory.



Application for Radioactive Material License

Bureau of Radiological Health

INSTRUCTIONS: Complete Items 1 through 16 if this is an initial application. Supplementary sheets shall be used where applicable. If application is for renewal, Items 1 through 16 must be completed entirely without references to previously submitted documents. If your application and procedures remain unchanged, it will be necessary to resubmit a complete copy of the previous application materials. Mail one copy to: South Carolina Department of Health and Environmental Control, Bureau of Radiological Health, 2600 Bull Street, Columbia, SC 29201. Upon approval of this application, the applicant will receive a State of South Carolina Radioactive Materials License issued in accordance with the general requirements contained in the South Carolina Department of Health and Environmental Control, Regulation 61-63, Radioactive Materials (Title A), and the Atomic Energy and Radiation Control Act, Section 13-7-40 et. seq; of the 1976 Code.

<p>1. (a) NAME AND STREET ADDRESS OF APPLICANT. Institution, firm, persons, etc.</p> <p>Telephone No. Area Code () - </p>	<p>(b) STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (if different from 1 (a). Include a map to the facility from the nearest major interstate.</p>
<p>2. DEPARTMENT TO USE RADIOACTIVE MATERIAL</p> 	<p>3. PREVIOUS LICENSE NUMBER(S). If this is an application for Renewal of a license, please indicate this and give the number.</p>
<p>4. INDIVIDUAL USER(S). Name and title of individual(s) who will use or directly supervise use of radioactive material. Give training and experience in Items 8 and 9.</p> 	<p>5. (a) RADIATION PROTECTION OFFICER. Name of person designated as radiation protection officer. Attach resume of his/her training and experience as in Items 8. and 9.</p> <p>(b) MANAGEMENT REPRESENTATIVE. Name of person designated as a management contact for this facility.</p>
<p>6. (a) RADIOACTIVE MATERIAL. Element and mass no. of each.</p> 	<p>(b) CHEMICAL AND/OR PHYSICAL FORM AND MAXIMUM NUMBER OF MILLICURIES OF EACH CHEMICAL AND/OR PHYSICAL FORM POSSESSED AT ANY ONE TIME. If sealed source(s), also state name of manufacturer, model no., no. of sources and maximum activity per source.</p>
<p>7. DESCRIBE PURPOSE FOR WHICH RADIOACTIVE MATERIAL WILL BE USED. Provide sufficient detail to allow potential personnel exposure to be evaluated. If radioactive material is in the form of a sealed source, include the make and model number of the storage container and/or device in which the source will be stored and/or used. Attach extra sheets if necessary.</p> 	

8. TRAINING AND EXPERIENCE OF EACH INDIVIDUAL NAMED IN ITEM 4: (Use supplemental sheets if necessary)

TYPE OF TRAINING	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB (Circle answer)	FORMAL COURSE (Circle answer)
a. Principles and practices of radiation protection.			Yes No	Yes No
b. Radioactivity measurement standardization and monitoring techniques and instruments.			Yes No	Yes No
c. Mathematics & calculations basic to the use and measurement of radioactivity.			Yes No	Yes No
d. Biological effects of radiation.			Yes No	Yes No

9. EXPERIENCE WITH RADIATION (Actual use of radioisotopes or equivalent experience.)

Isotope	Maximum Amount	Where Experience Was Gained	Duration of Experience	Type of Use

10. RADIATION DETECTION INSTRUMENTS (Use supplemental sheets if necessary.)

Type of Instruments (Include make and model number of each)	Number Available	Radiation Detected	Sensitivity Range (mR/hr.)	Window Thickness (mg/cm ²)	Use (Monitoring Surveying, Measuring)

11. METHOD, FREQUENCY, AND STANDARDS USED IN CALIBRATING INSTRUMENTS LISTED ABOVE

12. FILM BADGES, DOSIMETERS, AND BIO-ASSAY PROCEDURES USED. (For film badges, specify method of calibrating and processing, or name of supplier.)

INFORMATION TO BE SUBMITTED ON ADDITIONAL SHEETS

13. FACILITIES AND EQUIPMENT. Describe laboratory facilities and remote handling equipment, storage containers, shielding, fume hoods, etc. Attach an explanatory sketch of the facilities.

14. RADIATION PROTECTION PROGRAM. Describe the radiation protection program including control measures. If application covers sealed sources, submit leak testing procedures where applicable, name, training and experience of person(s) to perform leak tests and the arrangements for performing initial radiation survey, servicing, maintenance and repair of the source.

15. WASTE DISPOSAL. If a commercial waste disposal service is employed, specify the name of the company. Otherwise, submit a detailed description of the methods which will be used for disposing of radioactive wastes and estimates of the type and amount of activity involved.

16. THE APPLICANT AND ANY OFFICIAL executing this certificate on behalf of the applicant named in Item 1, certify that this application is prepared in conformity with South Carolina Department of Health and Environmental Control Regulations for Control of Radiation and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Duly Authorized Management Representative

Date: _____ By: _____